

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		31	10/12/84
FORMALITY REVIEW		64694	10-19

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 II ..... Allowed      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	10-16-84
2	10-17-84
3	10-17-84
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50	10-17-84

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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